Disable (Medical Processing Conference on Conference

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

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1	s) named below (if more than ten patent	practitioners are to be na	med, then a customer nu	mber must be used);	
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and all patent a sched to this for	ent(s) to represent the undersigned bef applications assigned gaty to the unders in in accordance with 37 CFR 3.73(b)	igned according to the US	SPTO assignment records	s or assignment documents	
ase change the	correspondence address for the applica-	tion identified in the attac	hed statement under 37 (CFR 3 73(b) to:	
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***************************************		TURE of Assignee of R			
	the individual whose signature and titl	e is supplied below is aut			
mature (for Kully	e Kully		Date May 16 2011	
me Joe R			Teleph	Telephone	
	orized Person for Getner Founda				
the USFTO to proc complete, including	matter is required by 37 CFR 1.31, 1.32 and bees an approasion. Confidentiality is govern gathering, preparing, and submitting the con- sourt of time you require to complete this for servisit. Office, U.S. Oepartment of Commer.	sed by 35 U.S.C. 122 and 37 spleted application form to the mention appropriate for red	CFR 1,11 and 1.14. This co b USPTO. Time will very dep no no this burden, should be	Rection is estimated to take 3 minus sending upon the individual case. A sent to the Chief Information Office	

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Joe Reilly (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Getner Foundation LLC.

Toe Reilly

Authorized Person for Getner Foundation LLC

May Z6 2011

Date